

1. (Canceled).

2. (Currently Amended) The method of Claim ~~1~~ 36 further comprising a computer readable medium having stored therein instructions for causing ~~a processor~~ one or more processors to execute the steps of the method.

3. (Canceled).

4. (Currently Amended) The method of Claim ~~1~~ 36 further comprising:
generating ~~an~~ a plurality of electronic medical templates ~~record~~ in real-time using the ~~one or more~~ determined medical and billing codes ~~calculated from the extracted patient encounter information and other information extracted from the patient encounter information~~; and
utilizing in real-time the generated plurality of electronic medical templates and the stored electronic medical record by displaying the generated plurality of electronic medical templates and the stored electronic medical record on a graphical user interface (GUI) on the network device.

5. **(Currently Amended)** The method of Claim ~~1~~ 36 wherein the ~~one or more generated~~ determined medical and billing codes include one or more of Evaluation and Management codes (“E/Ms”) codes, Current Procedural Terminology (“CPTs”) codes, Health Care Financing Administration Common Procedural Coding System (“HCPCS”) codes, International Classification of Diseases 9th Edition Clinical Modification (“ICD-9”) codes or International Classification of Diseases 10th Edition Clinical Modification (“ICD-10”) codes.

6. **(Currently Amended)** The method of Claim ~~1~~ 36 wherein ~~the processing determining~~ step includes:

collecting determining historical information, physical examination information, complexity information, patient status information, patient demographic information, diagnosis information, clinical procedure information and supply information from the ~~extracted patient encounter information~~ stored electronic medical record on the network device.

7. **(Currently Amended)** The method of Claim 36 further comprising ~~wherein the collecting step includes:~~

generating automatically one or more medical and billing codes using historical, physical complexity of medical decision making information, patient

status information, patient demographic information, diagnosis information, clinical procedure information, treatment information and supply information collected from the ~~extracted~~ stored patient medical record ~~encounter~~ information.

8. (Currently Amended) The method of Claim ~~1~~ 36 further comprising verifying in real-time the stored patient medical record via ~~extracted patient encounter information included in~~ the scanned completed paper forms digital images.

9. (Currently Amended) The method of Claim ~~1~~ 36 wherein the one or more printed paper forms ~~medical information template includes~~ include a ~~plurality of limited number of~~ check-boxes specifically selected for a specific type of medical practice, wherein the limited number of check boxes reduce a risk associated with making a complex medical decision by allowing only a single check box for each level of risk, wherein ~~processing~~ digitizing the plurality of check-boxes generates an appropriate number and type of medical and billing codes for the specific type of medical practice including complexity risk coding information for the specific type of medical practice.

10. **(Currently Amended)** The method of Claim ~~1~~ 4 wherein the one or more generated electronic templates include one or more of an electronic invoice template, and electronic medical record template, a ~~current~~ chief compliant template, a diagnosis template, a nurse template, a review template, or provider template.

11. **(Currently Amended)** The method of Claim ~~1~~ 36 wherein the ~~one or more generated~~ determined medical and billing codes include ~~a~~ one or more medical codes specifically generated for a new patient or one or more medical codes specifically generated for an existing patient.

12. – 13. **(Canceled)**.

14. **(Currently Amended)** The method of Claim ~~1~~ 4 wherein the generating step includes:

creating a coding summary of the one or more medical and billing codes generated from the stored electronic ~~extracted~~ patient medical record encounter information; and

attaching the created coding summary to the stored electronic patient medical record ~~one or more digital images~~, wherein the coding summary can be used to verify that the proper medical codes were generated from the ~~extracted~~ patient ~~encounter information~~.

15. – 33. (Canceled).

34. (Currently Amended) ~~The method~~ The system of Claim ~~33~~ 37 wherein the ~~one or more~~ determined medical and billing codes include one or more of Evaluation and Management codes (“E/Ms”) codes, Current Procedural Terminology (“CPTs”) codes, Health Care Financing Administration Common Procedural Coding System (“HCPCS”) codes International Classification of Diseases 9th Edition Clinical Modification (“ICD-9”) codes or International Classification of Diseases 10th Edition Clinical Modification (“ICD-10”) codes.

35. (Currently Amended) The system of Claim ~~33~~ 37 wherein the one or more generated electronic templates include one or more of an electronic invoice template, and electronic medical record template, a ~~current~~ chief compliant template, a diagnosis template, a nurse template, a review template, or provider template.

36. (New) A method of processing medical records, comprising:

(a) creating on a network device with one or more processors and or more associated databases, one or more different medical templates capable of being used to enter information from an encounter with a patient, wherein the one more medical templates comprise a plurality of data fields comprising:

- (i) patient history data;
 - (ii) patient physical condition data;
 - (iii) summary information;
 - (iv) existing patient history information; and
 - (v) complexity risk coding information;
- (b) printing the one or more different medical templates on paper forms;
- (c) entering patient encounter information from a patient encounter into the plurality of data fields by writing on the paper forms with a writing utensil, thereby creating completed paper forms;
- (d) scanning the completed paper forms into the network device;
- (e) digitizing the completed paper forms by:
- (i) identifying from the network device a plurality of locations of data fields on the completed paper forms; and
 - (ii) performing optical character recognition on the network device on data created with the writing utensil at each of the plurality of identified locations of the data fields;
- (f) aggregating the recognized data into an electronic patient medical record and storing the electronic patient medical record on the network device; and
- (g) determining on the network device with the stored electronic patient medical record for the patient encounter represented by the paper forms:
- (i) medical and billing codes;

- (ii) legal compliance for medical treatment provided to the patient during the patient encounter;
- (iii) an appropriateness of care based on the stored patient data and the medical treatment provided during the patient encounter;
- (iv) a physician practice profile by aggregating data for a particular physician; and
- (v) data for use in research studies.

37. (New) A system for processing medical records on a network device with one or more processors, comprising in combination:

means for creating on the network device with one or more processors and one or more associated databases, one or more different medical templates capable of being used to enter patient encounter information, wherein the one or more medical templates comprise a plurality of data fields comprising:

- (i) patient history data;
- (ii) patient physical condition data;
- (iii) summary information;
- (iv) existing patient history information;
- (v) complexity risk coding information;

means for printing the one or more different medical templates on paper forms;

means entering patient encounter information from a patient encounter into the plurality of data fields by writing on the paper forms with a writing utensil, thereby creating completed paper forms;

means for scanning the completed paper forms into the network device;

means for digitizing the completed paper forms by:

(i) identifying from the network device a plurality of locations of data fields on the completed paper forms;

(ii) performing optical character recognition on the network device on data created with the writing utensil at each of the plurality of identified locations of the data fields;

means for aggregating the recognized data into an electronic patient medical record and storing the electronic patient medical record on the network device;

means for determining on the network device with the stored electronic patient medical record for the patient encounter represented by the paper forms:

(i) medical and billing codes;

(ii) legal compliance for medical treatment provided to the patient during the patient encounter;

(iii) an appropriateness of care based on the stored patient data and the medical treatment provided during the patient encounter;

(iv) a physician practice profile by aggregating data for a particular physician; and

(v) data for use in research studies;

means for generating one or more electronic templates from the stored electronic medical record; and

means for displaying the scanned paper forms, the stored electronic medical record and the generated one or more electronic templates on a graphical user interface (GUI) on the network device.

38. (New) The method of Claim 36 wherein complexity risk coding information helps eliminate an amount and complexity of patient data to be collected and a number of diagnostic options to be considered during the patient encounter thereby reducing a risk associated with making a complex medical decision and limiting an amount and complexity of patient data to be processed and reviewed.

39. (New) The method of Claim 9 wherein digitizing the plurality of check-boxes includes generating: a plurality of HX data fields including patient history information; a plurality of PX data fields including patient physical condition information; a plurality of CX data fields including complexity risk information; and one or more E/M data fields including evaluation and management codes, wherein the generated one or more E/M data fields include summary information obtained by aggregating information from the HX, PX and CX data fields.

40. (New) The method of Claim 4 further comprising:
selecting a generated electronic medical information template on the network device;
generating automatically one or more additional electronic medical information
templates based on the selected generated electronic medical information template and the
stored electronic medical record, wherein the one or more additional electronic information
templates including additional electronic medical information templates for medical
personnel, the patient or a health-care provider.

RESPONSE

Claims 2, 4-11, 14, 34-35 and 36-40 are pending the applications. Claims 36 and 37 are in independent format.

The Applicant traverses all of the Examiner's assertions. The Applicant may respond to only selected ones of the Examiner's assertions, but intends to traverse all of the Examiner's assertions.

In the Amendment and Response original filed on June 9, 2009, the Applicant amended Claim 34. However, the Applicant did not change the claim designation from ORIGINAL to CURRENTLY AMENDED. This was clearly a typing error on the part of the Applicant.

The Applicant submits this Supplemental Amendment and Response, including only the claim listing. In this claim listing, Claim 34 is now correctly designated as CURRENTLY AMENDED. The rest of the claim amendments are identical to that filed on June 9, 2009, other than the change in designation for Claim 34.